

# KANSAS WIC VENDOR APPLICATION PACKET

Kansas Department of Health and Environment  
Bureau of Family Health  
Nutrition and WIC Services





Kathleen Sebelius, Governor  
Roderick L. Bremby, Secretary

DEPARTMENT OF HEALTH  
AND ENVIRONMENT

[www.kdheks.gov](http://www.kdheks.gov)

BFH/Nutrition & WIC Services

Dear Prospective WIC Vendor:

Thank you for your interest in becoming a vendor for the Kansas Special Supplemental Nutrition Program for Women, Infants, and Children (WIC Program). This packet includes the WIC Evaluation and Selection Criteria, a list of county designations, Minimum Stock Requirements (for urban and rural counties), Vendor Application and a Vendor Price Survey.

It is important that you read all information before signing the appropriate documents. If you are approved as a WIC vendor you will be held accountable to all WIC vendor requirements.

To be considered for approval as a WIC vendor, complete and return the Vendor Application and the Vendor Price Survey. Please note all information is required on the application. If a question on the application does not apply to you, please mark it with N/A. If you fail to provide information or fail to explain that it does not apply, your application will be delayed.

The State WIC Agency will determine if information provided on the application meets WIC vendor preliminary approval criteria and then send out a Vendor Participation Contract for you to read and sign. If the preliminary criteria are met, the Local WIC Agency will then conduct an on-site evaluation.

The final decision to approve or deny your application rests with the State WIC Agency and you will be notified of the final decision. If approved, you will receive a welcome packet along with a copy of the signed Vendor Participation Contract.

Please feel free to contact me if you have questions or concerns. You can reach me by phone at (785) 296-1327 or email questions to [sfry@kdhe.state.ks.us](mailto:sfry@kdhe.state.ks.us). Again, thank you for your interest in becoming a WIC vendor.

Sincerely,

Sandi Fry, Vendor Manager  
Nutrition & WIC Services

## Kansas WIC Program Evaluation and Selection Criteria<sup>1</sup>

The following criteria are listed in order of importance.

1. Vendors must be a full-line retail grocery store that derives more than 50% of its gross sales from grocery sales.
  - Full-line retail grocery stores are defined as businesses that derive more than 50% of its gross sales from grocery sales and regularly stock the following staple food items: fresh or frozen uncooked meats and poultry (prepackaged luncheon meats and prepared foods do not qualify); fresh produce such as raw fruits and vegetables; canned and frozen vegetables; fresh dairy products; cereals and breadstuffs; and infant formula.  
*Note: Military Commissaries are full-line grocery stores.*
2. The vendor must provide foods from a stationary location, have a minimum food sales area of 2,000 square feet or more and be accessible to clients with disabilities.
3. The vendor must not currently be disqualified from participating in the Food Stamp Program.
4. The vendor must maintain a minimum stock of WIC approved foods. Minimum stock is defined as a sufficient quantity and variety of WIC foods to equal or exceed the established WIC minimum stock requirements as set by the State WIC Agency.
5. At the time of application or contract renewal, the vendor's prices must compare favorably with the average prices established for the peer group the vendor would be placed in.
6. Vendors must produce a dated cash register receipt to document each sale.
7. The State WIC Agency will consider business integrity when determining eligibility for selection as a vendor. Activities indicating a lack of business integrity include, but are not limited to, the following:
  - Fraud;
  - Antitrust violation;
  - Embezzlement, theft, or forgery;
  - Bribery;
  - Falsification or destruction of records;
  - Making false statements or claims;
  - Receiving stolen property;
  - Obstruction of justice;
  - Other evidence reflecting on the business integrity and reputation of the applicant;
  - Arson;
  - Conspiracy; or
  - Official records of removal from any federal, state or local programs.

The State WIC Agency will not contract with any vendor that has been currently disqualified from an USDA Food and Nutrition Services (FNS) program during the last six (6) years or if any of the vendor applicant's current owners, officers, or managers have civil judgment entered against them for, or have been convicted of any activity indicating a lack of business integrity. The State WIC Agency shall determine which offenses apply. The vendor must have and maintain a positive compliance history with any and all FNS programs, if currently or formerly a vendor for those programs.

1. This is an abbreviated listing of the Evaluation and Selection Criteria. This listing includes only the criteria for new applicant vendors. For a full listing of the Evaluation and Selection Criteria, please refer to the Kansas WIC Program's Policy and Procedure Manual policy VEN 02.01.00.

## Designation of Kansas Counties

### Rural Counties

Anderson	Marshall
Barber	Meade
Brown	Mitchell
Chase	Morris
Chautauqua	Morton
Cheyenne	Nemaha
Clark	Ness
Clay	Norton
Cloud	Osborne
Coffey	Ottawa
Comanche	Pawnee
Decatur	Pawnee
Edwards	Phillips
Elk	Pratt
Ellsworth	Rawlins
Gove	Republic
Graham	Rice
Grant	Rooks
Gray	Rush
Greeley	Russell
Greenwood	Scott
Hamilton	Sheridan
Harper	Sherman
Haskell	Smith
Hodgeman	Stafford
Jackson	Stanton
Jewell	Stevens
Kearney	Thomas
Kingman	Trego
Kiowa	Wabaunsee
Lane	Wallace
Lincoln	Washington
Linn	Wichita
Logan	Wilson
Marion	Woodson

### Urban Counties

Allen
Atchison
Barton
Bourbon
Butler
Cherokee
Cowley
Crawford
Dickinson
Douglas
Doniphan
Ellis
Finney
Ford
Franklin
Geary
Harvey
Jefferson
Johnson
Labette
Leavenworth
Lyon
McPherson
Miami
Montgomery
Neosho
Osage
Pottawatomie
Reno
Riley
Saline
Sedgwick
Seward
Shawnee
Sumner
Wyandotte

Counties were divided into two geographical groups based on population.

The Kansas Department of Health and Environment, Office of Local and Rural Health provided the original data. The original break down, including the original groupings of counties based on population (Frontier, Rural, Densely-Settled Rural, Semi-Urban and Urban), can be found in the 2004 Annual Summary of Vital Statistics for Kansas.

# Kansas WIC Program

## MINIMUM STOCK REQUIREMENTS

For Kansas WIC Vendors located in **RURAL** counties effective October 1, 2007

To meet the needs of WIC clients, vendors authorized in the WIC program must maintain the minimum levels, sizes and varieties of stock as indicated on this chart. Contact your local agency for exemptions on requirements for infant formula.

Food Item	Minimum Brand or Variety Standard	Required Package Standards	Minimum Stock Level
<b>Infant Formula</b>			
<b>Milk Based, Iron Fortified</b>			
Similac Advance	Powder	14.3 oz cans	9 cans
Similac Advance	Concentrate	13 oz cans	35 cans
<b>Soy Based, Iron Fortified</b>			
Isomil Advance Soy	Powder	12.9 oz cans	9 cans
Isomil Advance Soy	Concentrate	13 oz cans	35 cans
<b>Milk Based Lactose Free</b>			
Similac Sensitive	Powder	12.9 oz cans	9 cans
Similac Sensitive	Concentrate	13 oz cans	35 cans
<b>Milk</b>			
Whole	1 brand	Half-gallon and Gallon	1 half gallon and 7 gallons
Low fat/skim	1 brand	Half-gallon and Gallon	1 half gallon and 7 gallons
<b>Cheese (see WIC Approved Food List)</b>			
Least expensive	2 varieties	16 oz package	3 lbs of each variety
<b>Eggs</b>			
Large, Grade A or AA	1 brand	1 dozen	2 dozen
<b>Juice (see WIC Approved Food List)</b>			
Ready to drink, cans/plastic bottles	2 flavors	46 oz container	3 containers each variety
Concentrate, frozen or shelf stable	2 flavors	11.5-12 oz package	3 containers each variety
<b>Cereal</b>			
Infant	2 varieties (rice + 1)	8 oz box	2 boxes each variety
Child/Adult	4 varieties	9 oz or larger package	1 package each variety
<b>Peanut Butter</b>			
Smooth or Crunchy	1 brand	18 oz jar	1 jar
<b>Dried Beans, Peas or Lentils</b>			
Least expensive brand	1 brand	Packages up to 16 oz	1 package
<b>Tuna, chunk light</b>			
Water or oil packed	1 brand	5 ½ - 6 ½ oz cans	4 cans
<b>Carrots</b>			
Fresh, whole or baby	1 brand	1 b package	2 lbs total

Least expensive is defined as the least expensive product **on the shelf at the time of purchase**.

This includes the following items: milk, cheese, eggs, dried beans, peas or lentils and infant cereal.

# Kansas WIC Program

## MINIMUM STOCK REQUIREMENTS

For Kansas WIC Vendors located in **URBAN** counties effective October 1, 2007

To meet the needs of WIC clients, vendors authorized in the WIC program must maintain the minimum levels, sizes and varieties of stock as indicated on this chart. Contact your local agency for exemption requirements for infant formula.

Food Item	Minimum Brand or Variety Standard	Required Package Standards	Minimum Stock Level
<b>Infant Formula</b>			
<b>Milk Based, Iron Fortified</b>			
Similac Advance	Powder	14.3 oz cans	18 cans
Similac Advance	Concentrate	13 oz cans	70 cans
<b>Soy Based, Iron Fortified</b>			
Isomil Advance Soy	Powder	12.9 oz cans	18 cans
Isomil Advance Soy	Concentrate	13 oz cans	70 cans
<b>Milk Based Lactose Free</b>			
Similac Sensitive	Powder	12.9 oz cans	18 cans
Similac Sensitive	Concentrate	13 oz cans	70 cans
<b>Milk</b>			
Whole	1 brand	Half-gallon Gallon	2 half-gallons and 14 gallons
Low fat/skim	1 brand	Half-gallon Gallon	2 half gallon and 14 gallons
<b>Cheese (see WIC Approved Food List)</b>			
Least expensive	2 varieties	16 oz package	6 lbs each variety
<b>Eggs</b>			
Large, Grade A or AA	1 brand	1 dozen	4 dozen
<b>Juice (see WIC Approved Food List)</b>			
Ready to drink, cans/plastic bottles	2 flavors	46 oz container	7 containers each variety
Concentrate, frozen or shelf stable	2 flavors	11.5-12 oz package	7 containers each variety
<b>Cereal</b>			
Infant	2 varieties (rice + 1)	8 oz box	4 boxes each variety
Child/Adult	4 varieties	9 oz or larger package	2 packages each variety
<b>Peanut Butter</b>			
Smooth or Crunchy	1 brand	18 oz jar	2 jars
<b>Dried Beans, Peas or Lentils</b>			
Least expensive	1 brand	Packages up to 16 oz	2 packages
<b>Tuna, chunk light</b>			
Water or oil packed	1 brand	5 ½ - 6 ½ oz cans	8 cans
<b>Carrots</b>			
Fresh, whole or baby	1 brand	1 lb package	4 lbs

Least expensive is defined as the least expensive product **on the shelf at the time of purchase**.

This includes the following items: milk, cheese, eggs, dried beans, peas or lentils and infant cereal.

Topeka, Kansas 66612

Assigned Local Agency: \_\_\_\_\_

13. Have you ever been disqualified from the Food Stamp Program? ☐ Yes ☐ No
14. Are you an authorized Food Stamp vendor? ☐ Yes ☐ No
- If yes, authorization number: \_\_\_\_\_
- Food Stamp Program application pending ☐ Yes ☐ No
15. Store Manager: \_\_\_\_\_
- Store Trainer: \_\_\_\_\_

### OWNER INFORMATION

16. The legal structure of this business is a: ☐ Corporation ☐ Co-operative  
☐ Limited Liability Company ☐ Partnership ☐ Sole Proprietorship  
☐ Other: \_\_\_\_\_
17. Name of owner(s), partners, or corporate officer(s) responsible for the operation of each store.
- \*Name: \_\_\_\_\_
- Title: \_\_\_\_\_
- Address: \_\_\_\_\_
- City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- Telephone Number: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_
- \*Name: \_\_\_\_\_
- Title: \_\_\_\_\_
- Address: \_\_\_\_\_
- City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- Telephone Number: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_
18. If incorporated, name of corporation: \_\_\_\_\_
- Address: \_\_\_\_\_
- City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- Telephone Number: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_
19. If a new ownership, effective date new ownership takes place: \_\_\_\_\_
20. Are any of the current owners related by blood or marriage to any previous owners? ☐ Yes ☐ No
- If yes, please specify: \_\_\_\_\_
21. Please list other stores in which you have ownership or interest: (add extra page if necessary)
- Store Name: \_\_\_\_\_ Location: \_\_\_\_\_
- Store Name: \_\_\_\_\_ Location: \_\_\_\_\_
22. Have any current owners previously operated a retail grocery in Kansas? ☐ Yes ☐ No
23. Have the current owners ever participated in the WIC program? ☐ Yes ☐ No

24. Have the current owners ever been associated with this or any other store that was suspended or disqualified from the WIC Program or Food Stamp Program? ☐ Yes ☐ No
25. In the past 6 years have the current owners, officers or managers of this business been convicted of, or have a civil judgment for: fraud, antitrust violations, embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, receiving stolen property, making false claims or obstruction of justice? ☐ Yes ☐ No
26. If this is a change of ownership from a previous WIC vendor, please complete the following:
- Previous owners name: \_\_\_\_\_
- Previous store name: \_\_\_\_\_

#### WHOLESALE, DISTRIBUTOR AND/OR RETAILER INFORMATION

27. Provide name(s) and address(s) of wholesaler(s) or supplier(s) of infant formula (**attach most recent invoice including Similac Advance powder 12.9 ounce can**).

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_

#### FINANCIAL INFORMATION

28. Provide annual gross sales for the store's most current fiscal year: \_\_\_\_\_
29. Dates (month/day/year or Fiscal Year) for the above figures: \_\_\_\_\_
30. If a new store, please project a monthly gross sales amount: \_\_\_\_\_
31. Will the store derive over 50% of revenue from WIC purchases? ☐ Yes ☐ No

#### LANGUAGE INFORMATION

32. Does your staff need written material about WIC in a language other than English? ☐ Yes ☐ No

I understand that, if this application is approved and a WIC contract is subsequently entered into with the State of Kansas, said contract will be rendered null and void by a change of ownership of the store. Also, the State Agency reserves the right not to renew the contract.

I certify that all information submitted on this form is accurate and complete, and that I will be bound by WIC procedures and requirements set forth in the WIC Vendor Contract, the Vendor Procedures Manual and other WIC materials provided to me.

I further certify that:

I understand that this application does not guarantee authorization to participate in the WIC program, and that I am financially liable for any WIC checks accepted prior to authorization.

This store, including all employees, will comply with program regulations and guidelines, and the State Agency can revoke my authorization to participate if there is noncompliance by any of the store's employees.

Appropriate employees will attend training sessions when requested to do so by the State or Local WIC Agency.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

**State Agency use only:**

Projected Peer Group: \_\_\_\_\_

YES

NO

The vendor's prices compare favorably with peer group averages.

☐☐

All documentation requested from application process received.

☐☐

SA Final Decision: ☐ Application Approved

☐ Application Denied

SA Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Vendor Price Survey Analysis

Please complete and return with application.

Store Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

		Applicant Price	Peer Group Average Price		Applicant lower than PG average
1	Similac Advance powder 12.9 oz can	\$	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Similac Advance concentrate 13 oz can	\$	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Isomil Advance powder 12.9 oz can	\$	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Isomil Advance concentrate 13 oz can	\$	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Similac Sensitive powder 12.9 oz can	\$	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Similac Sensitive concentrate 13 oz can	\$	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
7	Milk, whole, 1 gallon (least expensive)	\$	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
8	Milk, lactose free, ½ gallon	\$	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
9	Cheese, cheddar, 16 oz package (least expensive)	\$	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
10	Eggs, grade A or AA, 1 dozen (least expensive)	\$	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
11	Infant cereal, plain, 8 oz box (least expensive)	\$	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
12	Juice, 46 oz container	\$	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
13	Carrots, 1 lb bag (least expensive)	\$	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
14	Tuna, 5.5 to 6.5 oz can (least expensive)	\$	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
15	Peanut Butter, 18 oz jar (any national brand)	\$	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
16	Dried beans 1 lb bag (least expensive)	\$	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
17	Post Grape Nuts 16 oz	\$	Vendor avg. per oz	PG avg. per oz	<input type="checkbox"/> Yes <input type="checkbox"/> No
18	Quaker Life 15 oz	\$			<input type="checkbox"/> Yes <input type="checkbox"/> No
19	General Mills Cheerios 15 oz	\$			<input type="checkbox"/> Yes <input type="checkbox"/> No

**State Agency use only:**

Peer Group pricing used: \_\_\_\_\_ Percent of applicant prices above the Peer Group Average: \_\_\_\_\_%

Applicant prices: ☐ 50% are below PG average ☐ 50% are above PG average ☐ 75% are above PG average

Vendor prices categorized as: ☐ within PG average ☐ high priced ☐ very high priced

Price analysis completed by: \_\_\_\_\_ Date: \_\_\_\_\_